



## Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) Waivers Self-Employed Provider Enrollment Checklist

The following is a checklist of documents required to become a MassHealth Home- and Community-Based ABI and MFP Waiver Services Provider.

Provider applicant name \_\_\_\_\_

### I. PROVIDER APPLICANTS MUST SUBMIT THE FOLLOWING.

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| <input type="checkbox"/> MassHealth Home and Community-Based Services (HCBS) Waiver Provider Application  | <input type="checkbox"/> Criminal Offender Record Information (CORI) Request Form  |
| <input type="checkbox"/> Massachusetts Medicaid Program Provider Agreement and Acknowledgement of Terms of Participation for Home- and Community-Based Services Waivers   | <input type="checkbox"/> Federally Required Disclosures Form   |
| <input type="checkbox"/> MassHealth Trading Partner Agreement   | <input type="checkbox"/> Resume  |
| <input type="checkbox"/> Data Collection Form and Registration Instructions for Home- and Community-Based Services (HCBS) Waivers and Money Follows the Person Demonstration  | <input type="checkbox"/> Documentation of training/certification in CPR and first aid (including choking)  |
| <input type="checkbox"/> Authorization for Electronic Funds Transfer (EFT) of MassHealth payments and either of the following.<br><input type="checkbox"/> Voided check<br><input type="checkbox"/> Bank letter that includes your legal name on the account, the type of account, the routing number, and the account number | <input type="checkbox"/> Two letters of recommendation from a previous supervisor or a participant you've served   |
| <input type="checkbox"/> Massachusetts Substitute W-9 Form  | <input type="checkbox"/> Provider Enrollment Checklist (this form)   |
|   | <input type="checkbox"/> Copy of a government-issued photo identification card (for example, a driver's license)   |
|   | <input type="checkbox"/> Self-employed Address Letter  |
|   | <input type="checkbox"/> Description of your experience providing the service(s) for which you are applying as well as your experience working with individuals with disabilities, older adults, or both |
|   | <input type="checkbox"/> Additional requirements outlined in Service Specific Requirements Section IV  |

### ATTESTATION

Each participating provider is required to sign a MassHealth Provider Agreement by which the provider agrees to comply with the Federal and State laws, regulations, and policies governing the Waivers, including the standards for the specific Medicaid waiver service the provider will deliver.

\_\_\_\_\_ Please initial your acknowledgement to comply with ALL of the following.

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|--|--|
| <ul style="list-style-type: none"><li>• Maintain CPR and first aid certification</li><li>• Obtain documentation of annual Tuberculosis screening and bi-annual Tuberculosis testing</li><li>• Plan to maintain client encounter documentation to support billing</li><li>• Register for Home and Community Services Information System (HCSIS) within 30 days of approval</li><li>• Submit service documentation monthly</li><li>• Handle emergency situations, set limits, and communicate effectively with participants, families, other providers and agencies, and have ability to meet legal requirements to protect confidential information</li><li>• Submit incident reports through HCSIS per the incident reporting requirements</li></ul> | <ul style="list-style-type: none"><li>• File concerns of abuse and neglect to the appropriate Massachusetts agency.<ul style="list-style-type: none"><li>» For disabled adults 18-59 years old, call the Disabled Person Protection Commission (DPPC) at (800) 426-9009.</li><li>» For adults 60 and older, call the Elder Abuse Hotline at (800) 922-2275.</li><li>» For children younger than 18, call the Department of Children and Families (DCF) at (800) 792-5200.</li></ul></li><li>• Acknowledge that relatives, but not legal guardians, are permitted to provide waiver services. A relative may not be a family member (defined as a spouse or any legally responsible relative) and must meet all provider qualifications for the service being provided.</li></ul> |
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## II. GEOGRAPHICAL, LANGUAGE, AND POPULATION CAPACITY TO PROVIDE SERVICES

A. Please select the **regions** where you plan to provide services.

(See [Appendix 1](#) for a list of municipalities by region)

☐ Boston/Metro   ☐ Central   ☐ Southeast/Cape/Islands   ☐ Northeast   ☐ Western

B. Please select the **counties** where you can provide services.

See our [Massachusetts County Map](#) for a list of Massachusetts counties.

☐ Barnstable   ☐ Essex   ☐ Hampshire   ☐ Norfolk   ☐ Worcester  
☐ Berkshire   ☐ Franklin   ☐ Middlesex   ☐ Plymouth  
☐ Bristol   ☐ Hampden   ☐ Nantucket   ☐ Suffolk

If applicable, please list the towns within a particular geographic area that you do **not** have the capacity to service.

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C. Language: In addition to English, please list any languages, including American Sign Language (ASL), that you can communicate in fluently.

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D. Population: Please select the population(s) you have experience working with.

☐ Individuals with Acquired Brain Injury   ☐ Individuals with intellectual disabilities  
☐ Older adults   ☐ Individuals with behavioral health conditions  
☐ Individuals with physical disabilities   ☐ Individuals with substance use disorders

E. Current State Contract(s): Please select all state agencies/offices you currently have contracts with.

☐ MassAbility (the new name for  
Massachusetts Rehabilitation Commission)   ☐ Department of Developmental Services (DDS)  
☐ Department of Public Health (DPH)   ☐ Department of Mental Health (DMH)  
☐ Department of Children & Families (DCF)   ☐ MassHealth  
☐ Human Service Transportation (HST) Broker System   ☐ Other:

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## III. PROVIDER REQUIREMENTS

Each participating provider must sign a MassHealth Provider Agreement agreeing to follow the Federal and State laws, regulations, and policies governing the Waiver, including the standards for the specific Medicaid waiver service the provider will deliver.

Please review the following documents for provider requirements.

- Regulations
  - » [MassHealth All Provider Regulations \(130 CMR 450.000\)](#)
  - » [MassHealth Rates for Home and Community Based Waiver Regulations \(101 CMR 359.000\)](#)
  - » [MassHealth Home and Community Based Waiver Services \(130 CMR 630.000\)](#)
- HCBS Waiver Provider Bulletins
  - » Services authorized to be delivered via telehealth under HCBS Waiver Provider Bulletin 23 or any subsequent provider bulletin related to the provision of telehealth for HCBS Waiver Services
- Waiver Policies established by the Department of Developmental Services (DDS) and MassAbility
  - » [Policy for Acquired Brain Injury Residential Habilitation \(ABI-RH\) and Moving Forward Plan Residential Services \(MFP-RS\) Waivers](#)
  - » [Policy for Acquired Brain Injury Non-Residential \(ABI-N\) and Moving Forward Plan Community Living \(MFP-CL\) Waivers](#)
  - » [MassAbility Community Living Division Provider Manual](#)
  - » [Tuberculosis Disease Screening Tool to be used for staff screening requirements](#)

## IV. SERVICE – SPECIFIC REQUIREMENTS

INSTRUCTIONS: Please submit all related documentation for each service type that you are applying for. Self-employed providers submitting an application for multiple service types will be credentialed for each type.

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Companion                               | <input type="checkbox"/> Orientation and Mobility Services |
| <input type="checkbox"/> Assistive Technology                          | <input type="checkbox"/> Personal Care                     |
| <input type="checkbox"/> Chore   | <input type="checkbox"/> Specialized Medical Equipment     |
| <input type="checkbox"/> Community/Residential Family Training         | <input type="checkbox"/> Occupational Therapy              |
| <input type="checkbox"/> Homemaker                                     | <input type="checkbox"/> Physical Therapy                  |
| <input type="checkbox"/> Individual Support and Community Habilitation | <input type="checkbox"/> Speech Therapy                    |

### ☐ ADULT COMPANION

Nonmedical care, supervision, and socialization services provided to a participant. Companions may assist or supervise the participant with such light household tasks as meal preparation, laundry, and shopping. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant.

#### **Self-Employed Provider Requirements**

- A self-employed provider must have experience providing nonmedical care, supervision, and socialization for adults with disabilities and/or older adults.
- All self-employed providers must meet the following qualifications.
  - » Be able to handle emergency situations.
  - » Have life experience working with people with disabilities.
- Be sure to include your experience providing adult companion services or a similar service in your description of experience requested in Section I of this document.

### ☐ ASSISTIVE TECHNOLOGY

This service has two components: Assistive Technology (AT) devices and AT evaluation and training. Self-employed providers of AT evaluation and training may also supply AT devices. These components are defined as follows.

#### **Assistive Technology devices.**

An item, piece of equipment, or product system that is used to develop, increase, maintain, or improve functional capabilities of participants, and to support the participant to achieve goals identified in their plan of care. Assistive Technology (AT) devices can be used to enable the participant to engage in telehealth. AT devices can be acquired commercially or modified, customized, engineered, or otherwise adapted to meet the individual's specific needs, including design and fabrication. In addition to the cost of AT device purchase, lease, or other acquisition costs, this service component covers maintenance and repair of AT devices and rental of substitute AT devices during periods of repair. This service includes device installation and set-up costs but excludes installation, set-up, and ongoing provision fees related to internet service. This service includes purchase, lease, or other acquisition costs of cell phones, tablets, computers, and ancillary equipment necessary for the operation of the AT devices that enable the individual to participate in telehealth. These devices are not intended for purely diversional or recreational purposes.

#### **Assistive Technology evaluation and training.**

The evaluation of the Assistive Technology (AT) needs of the participant, including functional evaluation of the impact of the provision of appropriate AT devices and services to the participant in the customary environment of the participant; the selection, customization and acquisition of AT devices for participants; selection, design, fitting, customization, adaption, maintenance, repair, and/or replacement of AT devices; coordination and use of necessary therapies, interventions, or services with AT devices that are associated with other services contained in the plan of care; training and technical assistance for the participant, and, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

The evaluation and training component of this service may be provided remotely via telehealth based on the professional judgment of the evaluator and the needs, preferences, and goals of the participant as determined during the person-centered planning process and reviewed by the case manager during each scheduled reassessment.

Assistive Technology must meet the Underwriters Laboratory and/or Federal Communications Commission requirements, where applicable, for design, safety, and utility.

There must be documentation that the item purchased is appropriate to the participant's needs. Any Assistive Technology item that is available through the MassHealth State Plan must be purchased through the State Plan; only items not covered by the MassHealth State Plan may be purchased through the Waiver.

Participants may not receive duplicative devices through this service, the Transitional Assistance Service, or the Specialized Medical Equipment Service.

### **Self-Employed Provider Requirements**

- Assistive Technology individual providers must have at least one of the following.
  - » A bachelor's degree in a related technology field and at least one year of proven experience providing adaptive technological assessment or training
  - » A bachelor's degree in a related health or human services field with at least two years of proven experience conducting adaptive technological assessment or training
  - » Three years of proven experience providing adaptive technological assessment or training
- Knowledge of and experience in evaluating the needs of an individual with a disability, including functionally evaluating the individual in the individual's environment
- Knowledge of and experience in purchasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities
- Knowledge of and experience in selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices
- Knowledge of and experience in coordinating and using other therapies, interventions, or services with assistive technology devices
- Knowledge of and experience in training or providing technical assistance for an individual with disabilities, or when appropriate, the family of an individual with disabilities or others who provide support to the individual.
- Knowledge of and experience in training and/or providing technical assistance for professionals or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

### **Documents to be submitted**

- ☐ One-page description of experience as an assistive technology or similar service provider
- ☐ Evidence of a bachelor's degree or proof of the number of years' experience (as indicated above) or both of providing adaptive technological assessment or training
- ☐ Copy of current assistive technology accreditation or therapy license

### ☐ **CHORE**

Services needed to maintain the home in a clean, sanitary, and safe environment. This service includes heavy household chores such as washing floors, windows and walls; tacking down loose rugs and tile; moving heavy items of furniture; and shoveling snow to provide safe access and egress.

These services are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is examined prior to any authorization of service.

### **Self-Employed Provider Requirements**

- A self-employed provider must demonstrate having life or work experience providing services to individuals with disabilities.
- Be sure to include your experience providing chore services or a similar service in your description of experience requested in Section I of this document.

## ☐ **COMMUNITY/RESIDENTIAL FAMILY TRAINING**

This service is designed to provide training and instruction about the treatment regimen, behavior plans, and the use of specialized equipment to support a participant in the community. Community/Residential Family Training includes training in family leadership, support for the family unit to adjust to the changes in the life of the family created by the disability of the participant, and support of self-advocacy and independence for their family member.

The service enhances the skills of the family to help the participant function in the community and at home, during family visits, and when adjusting to the changes in their lives.

### **Self-Employed Provider Requirements**

- The self-employed provider must be an individual who is engaged in the business of providing Family Training or a similar service.
- Family Training staff must have relevant state and federal licensure or certification requirements in their discipline (if applicable).
  - » Experience must include providing peer support; self-advocacy; and skills in training, independence, and family leadership.
- The provider must demonstrate having life or work experience providing services to individuals with disabilities.
- The provider must have the ability to communicate effectively in the language and communication style of the participant to whom they are providing training.
- Be sure to include in Section 1 of this document your specific experience providing peer support, self-advocacy, skills training, and independence and family leadership to adults with disabilities and/or older adults.

### **Documents to be submitted**

☐ Professional license (if applicable). Please include license type and number: \_\_\_\_\_

## ☐ **HOMEMAKER**

Services that include performing general household tasks (e.g., meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for themselves or others in the home.

This service may not be provided at the same time other services, including incidental housekeeping tasks, are being provided.

### **Self-Employed Provider Requirements**

- A self-employed provider must be engaged in the business of providing homemaker services.
- Individuals providing this service must have at least one of the following qualifications.
  - » Certificate of 40-hour homemaker training
  - » Certificate of 60-hour personal care training
  - » Certificate of home health aide training
  - » Certificate of nurse's aide training
- A self-employed provider must be available during regular business hours and on weekends, holidays, and evenings to provide services to participants during these times.
- Be sure to include your experience providing homemaker services or a similar service in your description of experience requested in Section I of this document.

### **Documents to be submitted**

- ☐ Include a copy of one of the following certificates of training.
- » Certificate of 40-hour homemaker training
  - » Certificate of 60-hour personal care training
  - » Certificate of home health aide training
  - » Certificate of nurse's aide training

continued ►

## ☐ **INDIVIDUAL SUPPORT AND COMMUNITY HABILITATION**

Services and supports in a variety of activities that may be provided regularly or intermittently, but not on a 24-hour basis, and are determined necessary to prevent institutionalization. These services include locating appropriate housing and the acquisition, retention, or improvement of skills related to personal finance, health, shopping, use of community resources, community safety, and other social and adaptive skills to live in the community. Individual support and community habilitation provide supports necessary for the participant to learn and retain the skills to establish, live in, and maintain a household of their choosing in the community. Support includes modeling, training, and education in self-determination and self-advocacy to enable the participant to acquire skills to exercise control and responsibility over the services and supports they receive, and to become more independent, integrated, and productive in their communities.

### **Self-Employed Provider Requirements**

- Any self-employed provider engaged in the business of providing Individual Support and Community Habilitation or a similar service.
- All self-employed providers should meet at least one of the following qualifications.
  - » Have a college degree (preferably in a human service field)
  - » Have at least two years comparable, community-based, life or work experience providing services to people with disabilities
  - » Have at least five years comparable community-based work experience providing skills training services to people with disabilities

### **Documents to be submitted**

- ☐ One-page description of experience providing peer support, self-advocacy, skills training, independence, and family leadership to adults with disabilities and/or older adults

## ☐ **ORIENTATION AND MOBILITY SERVICES**

Orientation and Mobility (O&M) services teach an individual with vision impairment or legal blindness how to move or travel safely and independently in their home and community and include (a) O&M assessment; (b) training and education provided to participants; (c) environmental evaluations; (d) caregiver/direct care staff training on sensitivity to blindness/low vision; and (e) information and resources on community living for persons with vision impairment or legal blindness. O&M Services are tailored to the participant's need and may extend beyond residential settings to other community settings as well as public transportation systems.

### **Self-Employed Provider Requirements**

- All self-employed providers should meet at least one of the following qualifications.
  - » Master's degree in special education with a specialty in orientation and mobility
  - » Bachelor's degree with a certification in orientation and mobility from an Academy for Certification & Education Professionals (ACVREP) certified university program
- Knowledge of and experience in the evaluation of the needs of an individual with vision impairment or legal blindness, including functional evaluation of the individual in their customary environment.
- Knowledge of and/or experience in educating caregivers or direct care staff, or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with vision impairment or legal blindness, in sensitivity to low vision/blindness.
- Be sure to include your experience providing O&M services or a similar service in your description of experience requested in Section I of this document.

### **Documents to be submitted**

- ☐ Current ACVREP Certification or proof of Master's degree



## ☐ **PEER SUPPORT**

Peer Support is designed to provide training, instruction, and mentoring about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. Peer support may be provided in small groups or may involve providing support to another peer or participant to promote and support the participant's ability to participate in self-advocacy. The one-to-one peer support is instructional; it is not counseling. Peer support services enhance the skills of the participant to function in the community and/or family home. Documentation in the individual's record demonstrates the benefit to the individual. This service may be self-directed.

### **Self-Employed Provider Requirements**

Self-employed providers must

- have relevant state and federal licensure or certification requirements in their discipline;
- be at least 18 years old;
- have experience in providing peer support, self-advocacy, and skills training and independence;
- be able to communicate effectively in the language and communication style of the participant to whom they are providing training; and
- include their experience providing peer support services or a similar service in their description of experience requested in Section I of this document.

### **Documents to be submitted**

- ☐ One-page description of experience providing peer support, self-advocacy, skills training, independence, and family leadership to adults with disabilities and/or older adults
- ☐ Two personal and/or professional references

## ☐ **PERSONAL CARE**

Personal Care includes a range of assistance to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (performing a task for the person) or cuing and supervision to prompt the participant to perform a task. Such assistance may include assistance in bathing, dressing, personal hygiene, and other activities of daily living. This service may include help preparing meals but does not include the cost of the meals. When specified in the care plan, this service may also include such housekeeping chores as bed-making, dusting, and vacuuming. These chores must either be incidental to the care furnished or essential to the health or welfare of the participant, not the participant's family. Personal care services may be provided on an episodic or continuing basis.

### **Self-Employed Provider Requirements**

- Individuals providing this service must have a certificate in CPR/first aid and at least one of the following qualifications.
  - » Certificate of 60-hour personal care training
  - » Certificate of home health aide training
  - » Certificate of nurse's aide training
- Providers must be available during regular business hours and on weekends, holidays, and evenings to provide services to participants during these times.
- Providers must be able to communicate effectively in the language and communication style of the participant to whom they are providing training.
- Be sure to include your experience providing personal care services in your description of experience requested in Section I of this document.

### **Documents to be submitted**

- ☐ Proof of current CPR/first aid training
- ☐ Copy of one of the following:
  - » Certificate of 60-hour personal care training
  - » Certificate of home health aide training
  - » Certificate of nurse's aide training
- ☐ Two personal and/or professional references

## ☐ SPECIALIZED MEDICAL EQUIPMENT

Specialized Medical Equipment includes (a) devices, controls, or appliances, specified in the plan of care, that enable participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; (d) any other durable and non-durable medical equipment not available under the MassHealth state plan that is necessary to address participant functional limitations; and (e) necessary medical supplies not available under the state plan.

In addition to the acquisition of the Specialized Medical Equipment itself, this service may include the following.

- Evaluations necessary for the selection, design, fitting or customizing of the equipment needs of a participant
- Customization, adaptations, fitting, set-up, maintenance or repairs to the equipment or devices
- Temporary replacement of equipment
- Training or technical assistance for the participant, or, where appropriate, the family members, guardians, or other caregivers of the participant on the use and maintenance of the equipment or devices

### Self-Employed Provider Requirements

- A self-employed provider must be an individual engaged in the business of furnishing durable medical equipment, medical/surgical supplies, or customized equipment; or a provider participating in MassHealth under [130 CMR 409.000](#).
- Assistive Technology provider staff and individual providers must have at least one of the following.
  - » Bachelor's degree in a related technological field and at least one year of demonstrated experience providing adaptive technological assessment or training
  - » Bachelor's degree in a related health or human services field with at least two years of demonstrated experience providing adaptive technological assessment or training
  - » Three years of demonstrated experience providing adaptive technological assessment or training.
- Providers must have knowledge of and experience in the following.
  - » Evaluation of the needs of an individual with a disability, including functional evaluation of the individual in their customary environment
  - » Purchasing of, or otherwise providing for, the acquisition of assistive technology devices for individuals with disabilities
  - » Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technological devices
  - » Coordinating and using other therapies, interventions, or services with assistive technology devices
  - » Providing technical assistance for an individual with disabilities, or when appropriate, the family of an individual with disabilities or others providing support to the individual.
  - » Providing technical assistance for professionals with other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities
- In your description of experience (requested in Section I), please demonstrate your specific experience providing assessment, evaluation, and training for customized equipment/devices to aid in maximizing independent living to adults with disabilities and/or older adults.

### Documents to be submitted

- ☐ Proof of bachelor's degree and/or number of years' experience providing adaptive technological assessment or training



## ☐ **OCCUPATIONAL THERAPY**

Occupational Therapy services, including the performance of a maintenance program beyond the scope of coverage in the MassHealth state plan, are provided by a licensed occupational therapist. Occupational therapy programs are designed to improve the quality of life by recovering competence, preventing further injury or disability, and to improve the participant's ability to perform tasks required for independent functioning, so that the participant can engage in activities of daily living. A therapist must consider these services necessary for the participant either to improve, develop, correct, rehabilitate, or prevent the worsening of physical, cognitive, or sensory functions that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies or injuries; or required to maintain or prevent the worsening of function. Services may also include the training and oversight necessary for the participant, family member, or other person to carry out the maintenance program.

### **Self-Employed Provider Requirements**

- All Occupational Therapy services must be provided by a Massachusetts licensed Occupational Therapist.
- Providers must be enrolled as an individual Occupational Therapist under MassHealth [130 CMR 432.404\(B\)](#).
- Be sure to include your experience providing therapy services in your description of experience requested in Section I of this document.

### **Documents to be submitted**

☐ Professional License. Please include type of license and license number: \_\_\_\_\_

## ☐ **PHYSICAL THERAPY**

Physical Therapy services, including the performance of a maintenance program beyond the scope of coverage in the State plan, are provided by a licensed physical therapist. Services must be considered by the therapist to be necessary for the participant either to improve, develop, correct, rehabilitate, or prevent the worsening of the physical functions that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenital anomalies or injuries; or required to maintain or prevent the worsening of function. Services may also include the training and oversight necessary for the participant, family member or other person, to carry out the maintenance program.

### **Self-Employed Provider Requirements**

- All Physical Therapy services must be provided by a Massachusetts licensed Physical Therapist.
- Must be enrolled as an individual Physical Therapist under MassHealth [130 CMR 432.404\(A\)](#).
- Be sure to include your experience providing therapy services in your description of experience requested in Section I of this document.

### **Documents to be submitted**

☐ Professional License. Please insert type of license and insert license number: \_\_\_\_\_

## ☐ **SPEECH THERAPY**

Speech Therapy services, including the performance of a maintenance program beyond the scope of coverage in the State plan, are provided by a licensed speech therapist. A therapist must consider the services necessary for the participant either to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies or injuries; or required to maintain or prevent the worsening of function. Speech therapy services may be used to address speech and language disorders that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of presence of a communication disability), and those that impair comprehension, spoken, written or other symbol systems for communication. Services may also include the training and oversight necessary for the participant, family member, or other person, to carry out the maintenance program.

### **Self-Employed Provider Requirements**

- All Speech Therapy services must be provided by a Massachusetts-licensed speech therapist.
- You must be enrolled as an individual speech therapist under MassHealth [130 CMR 432.404\(C\)](#).
- Be sure to include your experience providing therapy services in your description of experience requested in Section I of this document.

### **Documents to be submitted**

☐ Professional license. Please include type of license and license number: \_\_\_\_\_

## V. CERTIFICATION

I certify under the pains and penalties of perjury that the information on this form and any statement that I attached has been reviewed and signed by me, and is true, accurate, and complete to the best of my knowledge. I also confirm that I am the provider or, in the case of a legal entity, duly authorized to act on behalf of the provider. I understand that if I make false statements, leave out important information, or try to hide any significant details in this document, I may be subject to civil penalties or criminal prosecution.

**Provider signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature and date stamps, or the signature of anyone other than the provider or a person legally authorized to sign on behalf of a legal entity, are not acceptable.)

Printed legal name of provider: \_\_\_\_\_

Printed legal name of individual signing: \_\_\_\_\_

(if the provider is an entity)

If you have questions, please contact the Home and Community Based Services (HCBS) Provider Network Administration Unit at (855) 300-7058 or [ProviderNetwork@umassmed.edu](mailto:ProviderNetwork@umassmed.edu).

► Return your completed form by mail or email.

Email: [ProviderNetwork@umassmed.edu](mailto:ProviderNetwork@umassmed.edu)

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